## Please Fax to (410)260-8279 - Attention Steve Vilnit

## True Blue Participant Application



Date

Business Name				
		Phone Number		
Address				
City				
State	Zip			
Email				
Twitter: @	<del></del>	Website		
Business Type:	Restaurant	Retailer		
	Caterer	Other		
Approximate amo	unt of crab used/sold we	ekly?		_ (optional)
Number of menu i	tems featuring Maryland	l crabmeat?		_ (optional)
Do you use Fresh /	Pasteurized / Both?			_ (optional)
Do you plan to use	any non-Maryland crab	s/crabmeat as well?	Yes / No	
service establishing True Blue programmer receipts and establishment to amount of Maryld establishment for	ment must be harvested ram, an approved food s invoices upon request to use the True Blue logo in and product being used cund to not be in complia	at least 75% of crab product and/or processed in the state ervice establishment agrees to MD DNR for product verificate a manner that is not misrepror the establishment's involvernce or violating the terms of topproved, MD DNR will provide	of Maryland. In according periodically submit contion. It is the responsibilities on the consument in the program. Also he program may have in	lance with the pies of sales ility of the mer about the ny food service ts certification

**Authorized Signature**